DEPART	MENT OF HEALTH	AND HUMAN SERVICES			FUKIVI APP OMB NO. 093	8-0391
 STATEMENT (	S FOR MEDICARE OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G194	B. WING		06/15/20	07
	OVIDER OR SUPPLIER		11	LEET ADDRESS, CITY, STATE, ZIP CODE 14 DIVISION AVENUE, NE		
INNOVAT				VASHINGTON, DC 20019  PROVIDER'S PLAN OF CORRECT	CTION	(X5) MPLETION
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W 000	INITIAL COMMEN	TS	W 000			
W 120	A recertification sure 12, 2007 thru June initiated using the random sample of a resident populat with various disabsurvey were base with clients and strongram, as well administrative received 483.410(d)(3) SE OUTSIDE SOUR	arvey was conducted from June e 15, 2007. The survey was fundamental survey process. A three clients was selected from ion of four women and two men ilities. The findings of the d on observations, interviews aff in the home and one day as a review of client and cords, including incident reports. RVICES PROVIDED WITH CES	W 120	JUN <b>29</b> 2007  By <b>1</b>		
	Based on intervie	is not met as evidenced by:  was and record review, the facility hat the day program met the three clients in the sample.				
	The finding inclu	des:				•
NA 4 5	Cross-refer to W #1 was observed with built-up han He did not, howe equipment availa Interviews with s program and at Client #1's recor coordinated tear adaptive eating preferences.	1159.1. On June 13, 2007, Client dusing a scoop plate and utensils dles while eating in his residence, ever, have adaptive eating able at his day program. Staff and the client in the day home, followed by a review of d revealed no evidence of a mapproach to address the client's equipment needs and		W120 ILS will ensure on going co with the day program as it adaptive equipment needs of QMRP will continue to proprogram monitoring. ILS was PCP added adaptive equiprogram.	relates to the of consumers. vide day vill ensure	7/15/0
W 15	RETARDATION	I PROFES <b>T</b> IONAL		PCP added adaptive equip.	I	
(	PRINCETOR'S OF PR	OVIDER/SUPPLIER REPRESENTATIVE'S SI		Exercise Theres	<u> </u>	(X6) DATE
other safe; following to days follow	guards provide suπicier	with an asterisk (*) denotes a deficiency value of the patients. (See instructions or not a plan of correction is provided, suments are made available to the facility.	C	hames the above findings and plans of	correction are disc	ciosable 1

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: EWCZ11

Facility ID: 09G194

If continuation sheet Page 1 of 19

DEPART	MENT OF HEALTH	AND HUMAN SERVICES				FORM AI OMB NO. 0	PROVED 938-0391
STATEMENT	S FOR MEDICARE OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPL LDING	E CONSTRUCTION	(X3) DATE SUR COMPLETE	VEY
		09G194	B. WII			06/15/	2007
NAME OF PI	ROVIDER OR SUPPLIER	<u> </u>		114	ET ADDRESS, CITY, STATE, ZIP CODE 4 DIVISION AVENUE, NE		
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W 159	Continued From page	age 1	W	159	-		
	integrated coording	e treatment program must be nated and monitored by a stardation professional.					
	Based on observative review, the facility Professional (QM monitor, integrate treatment program three clients in the #3).	is not met as evidenced by: ation, interview and record 's Qualified Mental Retardation RP) failed to adequately and coordinate clients' active as and services, for three of the e sample. (Clients #1, #2 and			· ·		
	Client #1's adapting preferences, as for all on June 13, 2 eating his breakforthe facility at 6:27 plate and a spool His name was with large letters. Lat 11:57 AM, the subservations. The interviewed in the approximately 12 having just finish earlier. Client #1"regular" plate at prefer to use a sused the high side spoon. The styrence and id not preferences.	iled to monitor and coordinate ve eating equipment needs and			W159 -a Feeding adaptive equipm client #1 was provided to program on 6/25/07 (see QMRP will continue to monitoring on a monthly	o his day attached). provide day	06/25/07

FORM APPROVED

DEPART	MENT OF HEALTH	AND HUMAN SERVICES			FURIMAN OMB <u>NO. 0</u>	938-0391
CENTER	S FOR MEDICARE OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIP:	LE CONSTRUCTION (X3) DATE SUR COMPLETS	
AND PERIO		09G194	B. WII	NG	06/15/	2007
NAME OF P	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE 4 DIVISION AVENUE, NE	
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	Continued From p	age 2		159		
W 159	spoon. The day p direct support/clas the interview. Mo this was the first to demonstrated effect throughout the su	rogram case manager and seroom staff person witnessed ments later, they indicated that me that Client #1 (who ective communication skills rvey) had talked about using a perspecialized spoon.				
	Client #1's day probeginning at appropriate 2007 physician's adaptive eating effor Support Servorgram on Octofollowing: "uses A day program Midd not reflect use againment. The	ogram chart was reviewed, eximately 1:05 PM. His May orders did not reflect any quipment. An Individual Plan ices (IPSS), prepared by the day ber 3, 2006, included the regular utensils for mealtime." lealtime Protocol, dated 12/1/06, e of any adaptive eating was no evidence that the day are of the client's use of a high			W159-a ILS will have physician order that reflect the recommended adaptive equipment for client #1.	7/15/07
	June 13, 2007, 0 able to use the s given for lunch, l built-up, spongy explained that it	me interview at day program on Client #1 said that while he was small white plastic spoons he was ne preferred the spoon with a handle used at home. He was easier for him to grip the . There was no evidence that the s aware of the client's preference I spoon.			W159-b OT will assess client adaptive equipment needs as well as consider client preference.	7/15/07
	LPN Coorindate use of a scoop   were clinically ir preferences. To occupational the	2007, at 2:41 PM, the QMRP and or were asked whether Client #1's plate and built-up handled spoon adicated or based on the client's ney both stated they thought the erapist (OT) had recommended RP presented an OT progress not er 2006 that included the following	e		W159-c ILS OT will clarify adaptive equipment recommendations. ILS clinical team will further modifications of mealtime protoco and forwarded to the day program indicated.	as 7/30/0 

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DEPART	MENT OF HEALTH	HAND HUMAN SERVICES					APPROVED 0938-0391
TATEMENT	S FOR MEDICARE OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI		PLE CONSTRUCTION	(X3) DATE SU COMPLE	IRVEY
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NAME OF PI	ROVIDER OR SUPPLIER			11	EET ADDRESS, CITY, STATE, ZIP CODE 14 DIVISION AVENUE, NE		
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W 159	adaptive equipme overall independe however, mention The client's Mealt nutritionist on 3/2 plate." The QMR copy of the updat with her to the da weeks prior to the acknowledged the lunch at the day plate. "A Client #1's hereviewed in the hassessments and orders and the air while the OT has November 2006 sided plate" (fax "annual OT assessment had addressed eating Devices. It should all to reflect properties of the complete services and the air while the OT has not a complete services. It should all the complete services and the air while the OT has longer referred to assessment had addressed eating Devices. It should all the complete services and the air while the oral addressed eating Devices. It should all the complete services and drinks independent which is more assessment, day and drinks independent in the complete services. A quarterly nutries of the client with the complete services and the air while the other than the complete services. It should all the complete services and the air while the other than the complete services and the air while the other than the complete services and the air while the other than the complete services and the air while the other than the complete services and the air while the other than the complete services and the air while the other than the complete services are the complete services and the complete services and the complete services are services and the complete services are the complete services are the complete services and the complete services are the complete services and the complete services are the complete services are the complete services and the	and benefit from the following nt: high sided plate improve nce" The OT note did not, an adaptive/specialized spoon. ime Protocol, signed by the 7/07, also reflected a "high sided P stated that she had brought a ed residential Mealtime Protocol y program approximately 2 1/2 e survey. The QMRP, however, at she had not observed him eat program.  alth and habilitation records were ome, beginning on June 13, Notable inconsistencies were various professional direcommendations, physician's mual plan (ISP) as follows: ad written a "progress note" in recommending use of a "high dated December 2006), an essment," dated 4/18/07, no of a high sided plate. The OT "N/A" in the section that greated that the sign-in sheet participation by the OT in the eleting and the QMRP was unable the OT assessments and reviews ent time/track from those of other strecent speech/language ted 11/27/05, indicated he "eats pendently after set-up by staff usig and a hi-lo plate to facilitate		159	W159-d The OT wrote an addendum to client #1 OT annual assessment on 06/22/07 to reflect the fee adaptive equipment for client (See attached). QMRP will reassessment when submitted to consistency in all clients Info A monthly QA system has be to ensure that consistency in provided in all assessment and the consistency in the consisten	ent on eding t # 1 eview all co ensure ormation. een institute informatic	n

DEPART	MENT OF HEALTH	AND HUMAN SERVICES				APPROVED 0938-0391
CENTER	S FOR MEDICARE OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE SU COMPLE	IRVEY
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IMMOVAI			<del>  </del>	PROVIDER'S PLAN OF CORI	RECTION	(X5)
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W 159	Continued From page	age 4	W 159			
VV 159	mention of adaptive residential Mealti reflected "high side of a built-up handled day program Medid not reflect use equipment;  the client's POs adaptive eating ed 2006, at approximated that the pri aware of the scool interview with the 2007, at 2:32 PM. not include orders monthly POs. He or initials and date on which they may however, review progress note fail PCP had reviewed the alth Maneger 10/2006 and upd of a high sided plantil the May 200 also listed "buildmention of scool client #1's India 10/11/06 include regular spoon for the QMRP 2nd not reflect his us handled spoon. There was no evinterdisciplinary regarding Client	re eating equipment; ime Protocol, dated 3/27/07, ed plate" but made no mention ed spoon; altime Protocol, dated 12/1/06, of any adaptive eating did not include orders for any quipment; [Note: On June 14, hately 11:00 AM, the QMRP mary care physician (PCP) was up plate. During an onsite PCP in the facility on June 14, he acknowledged that he did for adaptive equipment on his efurther indicated that he signs es other consultants' documents also recommendations. Of the November 2006 OT led to show evidence that the ed the document; ment Care Plan (HMCP), dated ated 3/27/07 did not reflect use late or built-up handled spoon; or monthly reviews only listed the chair as adaptive equipment, or Monthly, dated 6/6/07, that tup spoons and forks" (no or plate); vidual Support Plan, dated d'also use scoop plate and a		W159-e ILS will ensure PO reflect adaptive equipment. The will also reflect appropri to adaptive equipment no will ensure consistency of adaptive equipment no	HMCP ate change eds. QMRP of documenta	7/15/07

### PREFIX TAG    CEACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG    W 159	CENTED	C EOD MEDICAR	E & MEDICAID SERVICES				<u>OMB NO. 0</u>	938-0391
NAME OF PROVIDER OR SUPPLIER  NAME OF PROVIDER OR SUPPLIER  NINOVATIVE  SUMMARY STATEMENT OF DEFICIENCES PREFIX ADDRESS, CITY, STATE, ZIP CODE 114 DIVISION AVENUE, NE WASHINGTON, D.C. 20019  PREFIX RECOLLATORY OR LOCATION TO BE PRECEDED SHALL RECOLLATORY OR LOCATION TO BE PROVIDER SHALL OF CORRECTION RECOLLATORY OR LOCATION TO BE PROVIDER SHALL OF CORRECTION RECOLLATORY OR LOCATION TO BE PROVIDER SHALL OF CORRECTION RECOLLATORY OR LOCATION TO BE PROVIDER SHALL OF CORRECTION RECOLLATORY OR LOCATION TO BE PROVIDER SHALL OF CORRECTION RECOLLATORY OR LOCATION TO BE PROVIDER SHALL OF CORRECTION RECOLLATORY OR LOCATION TO BE PROVIDER SHALL OF CORRECTION RECOLLATORY OR LOCATION TO BE PROVIDER SHALL OF CORRECTION RECOLLATORY OR LOCATION TO BE PROVIDER SHALL OF CORRECTIVE ACTION SHOULD BE PROVIDER SHOULD BE PROVIDED SHOULD BE P			(X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPL	E CONSTRUCTION	(X3) DATE SUR	VEY D
NAME OF PROVIDER OR SUPPLIER  INNOVATIVE  SUMMARY STATEMENT OF DEFICIENCIES (FACAL DEFICIENCY MUST BE PRECEDED BY FULL REQUIATORY OR LSC IDENTIFYING INFORMATION)  W 159  Continued From page 5 known preference to use an adaptive spoon with built-up handle had not been assessed by the OT and was not reflected in his annual plan and mealtime protocol.  2. The QMRP failed to ensure consistency and accuracy of Client #1's Axis I diagnoses, as follows:  - During the June 13, 2007 morning medication pass, Client #1 was observed receiving Prozac 60 mg and Haldol 2 mg.  - Psychiatric Assessment, dated 5/18/06, included the (one) following Axis I diagnosis: "296, 34 Major Depressive Disorder, chronic, with psychotic features:"  - Psychotropic Medication Reviews, dated 19/20/08, 10/18/06, 11/16/06, 12/20/06, 1/24/07, 2/21/07, 4/19/07, and 5/16/07, listed schizophrenia (only);  - Psychotropic Medication, dated 10/9/06, listed both depression and schizophrenia (only);  - Psychological Evaluation, dated 10/9/06, listed both depression and schizophrenia (only);  - RN Nursing quarterlies, dated 7/31/06, and 4/1/07, listed schizophrenia (only); and yet his nurse-prepared HMCP, dated 10/2006 and updated 3/27/07, reflected a diagnosis of depression.  3. Cross-refer to W249. The QMRP failed to ensure that Staff were effectively trained on when to use Client #3's prescribed gait belt during ambulation.	ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING			
INNOVATIVE  144 DIVISION AVENUE, NE WASHINGTON, DC 20019  PROVIDER'S PLAN OF CORRECTION PREFIX TAG  CROSS-REFERENCED TO THE APPROPRIATE  PREFIX TAG  CROSS-REFERENCED TO THE APPROPRIATE  PROVIDER'S PLAN OF CROSS-REFERENCED TO THE APPROPRIATE  PROVIDER'S PLAN OF CROSS-REFERENCED TO THE APPROPRIATE  CROSS-REFERENCED TO THE APPROPRIATE  CROSS-REFERENCED TO THE APPROPRIATE  PROVIDER'S PLAN OF CROSS-REFERENCED TO THE APPROPRIATE  CROSS-REFERENCED TO THE APPROPRIATE  CROSS-REFERENCED TO THE APPROPRIATE  PROVIDER'S PLAN OF CROSS-REFERENCED TO THE APPROPRIATE  TAG  TAG  TAG  TAG  THE MILL APPROPRIATE  PROVIDER'S PLAN OF CROSS TELL AND TO CROSS-REFERENCED TO THE APPROPRIATE  CROSS-REFERENCED TO THE APPROPRIATE  TAG  TAG  TAG  TAG  TAG  TAG  TAG			09G194	B. WIN	IG		06/15/	2007
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## PREFIX TAG  W 159  Continued From page 5 known preference to use an adaptive spoon with built-up handle had not been assessed by the OT and was not reflected in his annual plan and mealtime protocol.  2. The QMRP failed to ensure consistency and accuracy of Client #1's Axis I diagnoses, as follows:  - During the June 13, 2007 morning medication pass, Client #1 was observed receiving Prozac 60 mg and Haldol 2 mg Psychiatric Assessment, dated 5/18/06, included the (one) following Axis I diagnosis: 2'296.34 Major Depressive Disorder, chronic, with psychotic features;" - Psychotopic Medication Reviews, dated 9/20/06, 10/18/06, 11/15/06, 12/20/06, 1/24/07, 2/21/07, 4/18/07, and 5/16/07, listed both depression and schizophrenia (only); - Psychological Evaluation, dated 10/9/06, listed both depression and schizophrenia (only); and updated 3/27/07, reflected a diagnosis of depression.  3. Cross-refer to W249. The QMRP failed to ensure that Client #2's self-medication training program was implemented as written.  4. Cross-refer to W194. The QMRP failed to ensure that staff were effectively trained on when to use Client #2's prescribed gait belt during ambulation.	TAVONNI	IVE			W			
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5. Cross-refer to W436.3. The QMRP failed to		accuracy of Client follows:  - During the June pass, Client #1 wmg and Haldol 2  - Psychiatric Assethe (one) following Depressive Disofeatures;"  - Psychotropic My/20/06, 10/18/07 schizophrenia (construction)  - Psychological My/21/07, 4/18/07 schizophrenia (construction)  - Psychological My/21/07, 100 schizophrenia (construction)  - RN Nursing quant 4/7/07, 100 schizophrenia (construction)	at #1's Axis I diagnoses, as a 13, 2007 morning medication as observed receiving Prozac 60 mg. essment, dated 5/18/06, included ag Axis I diagnosis: "296.34 Major refer, chronic, with psychotic dedication Reviews, dated 6, 11/15/06, 12/20/06, 1/24/07, , and 5/16/07, listed and schizophrenia; arterlies, dated 10/9/06, listed and schizophrenia; arterlies, dated 7/31/06, 12/31/06 d schizophrenia (only); and yet his d HMCP, dated 10/2006 and arterlected a diagnosis of and W249. The QMRP failed to ant #2's self-medication training aplemented as written. and W194. The QMRP failed to and were effectively trained on when			Updated psychiatrist assess will be obtain to reflect cur axil I diagnosis for client #1 An addendum will be done all assessments to reflect the changes .QMRP will ensur all assessments are reviewed submitted to ensure consist in clients diagnosis. QA sy has been instituted to ensure accuracy in all clients' assessments are reviewed to ensure consist in clients diagnosis. QA sy has been instituted to ensure accuracy in all clients' assessments are reviewed submitted to ensure consist in clients diagnosis. QA sy has been instituted to ensure accuracy in all clients' assessments are reviewed submitted to ensure consist in clients diagnosis. QA sy has been instituted to ensure accuracy in all clients' assessments are reviewed submitted to ensure accuracy in all clients' assessments are reviewed submitted to ensure accuracy in all clients' assessments are reviewed submitted to ensure accuracy in all clients' assessments are reviewed submitted to ensure accuracy in all clients' assessments are reviewed submitted to ensure accuracy in all clients' assessments are reviewed submitted to ensure accuracy in all clients' assessments are reviewed submitted to ensure accuracy in all clients' assessments are reviewed submitted to ensure accuracy in all clients' assessments are reviewed submitted to ensure accuracy in all clients' assessments are reviewed submitted to ensure accuracy in all clients' assessments are reviewed submitted to ensure accuracy in all clients' assessments are reviewed submitted to ensure accuracy in all clients' assessments are reviewed submitted to ensure accuracy in all clients' assessments are reviewed submitted to ensure accuracy in all clients' assessments are reviewed submitted to ensure accuracy in all clients' assessments are reviewed accuracy in all clients' assessments are reviewed accuracy in all clients' assessments are reviewed accuracy accuracy in all clients' accuracy acc	to is te that ed when tency stem re ssment.  Il ation ion of the LPN I randomly rses to ensur	7/30/07
		5. Cross-refer	to W436.3. The QMRP failed to					

FORM APPROVED

OMB NO. 0938-0391

DEPART	MENT OF HEALTH	AND HUMAN SERVICES			FORM A	PPKUVED 938-0391
CENTER	S FOR MEDICARE OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SUF COMPLET	
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W 159	ensure that staff or Client #3's prescrit 483.430(e)(4) STA	onsistently made available bed gait belt during ambulation.  AFF TRAINING PROGRAM  to demonstrate the skills and sary to implement the individual each client for whom they are	W 15			
	Based on observation of records, the factoring competency in impact ambulation programmes.	ations, interviews and the review points staff failed to demonstrate plementation of Client #3's am.				
	observed receiving up from the bread crutches to walk bathroom located first 10 feet, a direct towards the professional (QN client towards the to the client's left Later that day, at the living room, however, the client support	7, at 7:08 AM, Client #3 was ag 2-person assistance to stand kfast table. She then used metal from the dining room over to a dinext to her bedroom. For the rect support staff person walked, holding a gait belt. Beyond the Qualified Mental Retardation MRP) took over, assisting the e bathroom. The QMRP walked to side while holding the gait belt. It 4:42 PM, Client #3 walked into using her crutches. This time, ent was not wearing the gait belt. It staff person was walking behind erson held the client's lower shirt.		W194 PT will provide ongoin To staff to ensure consicontinuity of care in the with client #3.  PT will document need Gait belt for ambulating parameters for uses.	e ambulation	6/26/07

and upper waist band in the back with one hand.

At 4:46 PM, the QMRP was asked about Client #3's gait belt. The QMRP stated that the physical therapist (PT) had recently added the gait belt as

		AND HUMAN SERVICES					APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY
		09G194	B. WII	NG		06/15	5/2007
	ROVIDER OR SUPPLIER			1 '	REET ADDRESS, CITY, STATE, ZIP CODE 14 DIVISION AVENUE, NE		
INNOVA	TIVE			V	VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUND SHOUND CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 194	described the clien belt reportedly was they did not feel co without one. The gathe exercise prograthe facility, depend comfort level.  On June 13, 2007, for staff assistance Two persons assist one direct support client's right side, has the client used nearby chair. The On June 15, 2007 confirmed that she optional; the decise wear it was dependent of the gait belt. In additing decided to use contained the trunk and proceeding the gait belt "as fall prevention" and during mobility."	"in case she slips." The QMRP t's exercise program. The gait optional; staff could use it if imfortable supporting the client gait belt could be used during am and for navigating through ent on the staff person's  at 6:24 PM, Client #3 asked to leave the dining room table. Sted her to stand up and then staff person walked to the holding the client by her armpit, her crutches to walk 4 feet to a client was without the gait belt.  at 4:25 PM, the QMRP that stated the gait belt was ion on whether the client should dant upon the staff person's view of Client #3's PT records client should wear the gait belt. On May 31, 2007, the PT ag trained staff on the use of the on, "it was discussed and intact guard assistance during ansfers providing assistance elvis the gait belt is a re." The PT recommended use a safety measure to assist with d "use contact guard assistance"		194	W194-b Staff will receive training o use of the Gait belt and assi to be given during transfers	stance	
	Review of the staf	f in-service training records					6/26/07

revealed that of the 12 direct support staff on the weekly schedule, only 3 of them (1/4) were in attendance for the 5/31/07 PT training. Of the 2

direct support staff persons observed assisting

CENTER	S FOR MEDICARE	& MEDICAID SERVICES				OMB NO. 0	
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		09G194	B. WII	NG		06/15/	2007
	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		114	EET ADDRESS, CITY, STATE, ZIP CODE 4 DIVISION AVENUE, NE		
INNOVAT	IVE	<u></u>		W	ASHINGTON, DC 20019		
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W 194 W 249	attended the training PM and 4:42 PM, in noted that the QMF not attended the 5/483.440(d)(1) PRC As soon as the integral formulated a client each client must reatment program	se of the gait belt, 1 had ng while the other had not (6:24 espectively). It should be RP acknowledged that she had		249	W194 The Physical Therapy will service staff on client #3 u gait belt (see attached).Ql will continue to ensure th #3 IPP goals and objectivimplemented as written.	se of MRP at client e are	6/26/07
	and frequency to sobjectives identified plan.  This STANDARD Based on observative, the facility as outlined in the	is not met as evidenced by: stion, interview and record failed to implement programs Individual Program Plan (IPP) se clients in the sample. (Client					
	13, 2007, the nurs nursing area local administered them the nurse punched cup and carried them gave the cup with nurse did not give punch medication AM, review of the Plan (IPP) objection	es:  ation pass observation on June se prepared medications in a ted in the basement and m on the first floor. At 8:10 AM, d Client #2's medications into a nem upstairs. At 8:17 AM, she medications to Client #2. The e the client an opportunity to ns from the bubble pack. At 9:01 the client's Individual Program ives revealed that the client had objective to punch two of her			W249 ILS nursing coordinator w conduct training for medic nurses on the implemental self-medication program. To coordinator and QMRP will monitor the medication nut the implementation of program.	ation ion of The LPN Il randomly	e 7/15/07

DEPART	MENT OF HEALT	H AND HUMAN SERVICES					APPROVED 0938-0391
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ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BU	LDING		. CONTRACT	100
		09G194	B. WII	νG		06/1	5/2007
NAME OF P	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE		
INNOVAT	IVE			1	I DIVISION AVENUE, NE ASHINGTON, DC 20019		
		TENENT OF REFICIENCIES	D	1	PROVIDER'S PLAN OF CORRECT	TION	(X5) COMPLETION
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W 249	Continued From p	page 9	W	249			
VV Z-13	medications from the data collection 13 2007 the des	their bubble packs. Review of a sheet revealed that for June ignated space in which the ument this aspect of the					
W 331	self-med program 483.460(c) NURS	n had been left blank.	· W	331			
	The facility must services in accord	provide clients with nursing dance with their needs.				,	
	Based on observ review, the facility services in accor	is not met as evidenced by: ation, interview and record y failed to ensure nursing dance with the needs of one of in the sample. (Client #2)					
	The findings incl	ude:					
	i finger sticks wer	failed to ensure that Client #2's e performed while fasting, in physician's orders, as evidenced			W331-a RN and PCP will determine adequate and appropriate		
	a. During the su finger sticks wer	rvey, observations revealed that e not performed while fasting.			parameters for the monitor of client #2 finger stick.	: <b>у</b>	7/30/07
	finishing her bre The medication AM. At 7:38 AM stick and Client During the verifi review of the clie Administration F following: "fastir PM)" with 7 AM designated mor	o7, Client #2 was observed akfast at approximately 6:49 AM. nurse arrived in the facility at 7:29 I, the nurse administered a finger #2's glucose reading was 163. cation process, at 9:03 AM, ent's June 2007 Medication Record (MAR) revealed the ig/sugars twice a day (8 AM and 8 I) written by hand as the ning time. When asked about er that morning, at 9:24 AM, the					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

INNOVATIVE

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

09G194

B. WING \_\_\_\_

06/15/2007

NAME OF PROVIDER OR SUPPLIER

\_\_\_\_

STREET ADDRESS, CITY, STATE, ZIP CODE 114 DIVISION AVENUE, NE

WASHINGTON, DC 20019

W 331  Continued From page 10 LPN Coordinator stated that "it has to be fasting." At 9:31 AM, the LPN Coordinator was on the telephone with the primary care physician, who confirmed that the finger sticks should be "before the meal." The client's June 2007 physician's orders (POs) had "Fasting/Sugars twice a day (8 AM-5 PM)." That evening, the client's finger stick also was not performed while fasting. The client finished eating a cup of yogurt at 4:42 PM. At 5:04 PM, 22 minutes later, the nurse was observed asking Client #2 to come with her in order to perform a finger stick.  b. Client #2's medical records indicated an ongoing pattern of non-fasting finger stick readings that went undetected by the nursing staff until brought to their attention during the survey.  (EACL CROSS TAGE TO THE PREFIX TAGE CROSS TAGE TO THE PREFIX TAGE CROSS TAGE TAGE TAGE TAGE TAGE TAGE TAGE TAGE		
LPN Coordinator stated that "it has to be fasting." At 9:31 AM, the LPN Coordinator was on the telephone with the primary care physician, who confirmed that the finger sticks should be "before the meal." The client's June 2007 physician's orders (POs) had "Fasting/Sugars twice a day (8 AM-5 PM)." That evening, the client's finger stick also was not performed while fasting. The client finished eating a cup of yogurt at 4:42 PM. At 5:04 PM, 22 minutes later, the nurse was observed asking Client #2 to come with her in order to perform a finger stick.  b. Client #2's medical records indicated an ongoing pattern of non-fasting finger stick readings that went undetected by the nursing staff until brought to their attention during the survey.  On June 13, 2007, at 9:24 AM, when asked about the timing of finger sticks, the LPN Coordinator stated that "it has to be fasting" and she thought they routinely were being done while fasting. When informed of the 131 reading taken 49 minutes after the client ate her breakfast, the LPN Coordinator indicated that she did not believe that was a typical morning pattern. The consultant medication nurses maintained a monthly "Blood Sugar Log" chart on which they recorded Client #2's morning and evening finger stick readings. On June 15, 2007, at beginning at 2:30 PM, review of the January 2007 chart revealed:  - entries dated 1/3/07 and 1/15/07 in which the morning nurse wrote "147 (after breakfast)" and "197 (after breakfast)," respectively.	ROVIDER'S PLAN OF CORRECTION (X5 H CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5 COMPLE DAT	LETION
documented readings that were comparable to the one taken on the morning of June 13, 2007 (131 mg/dl) which was achieved 49 minutes after her breakfast.	will be in-service taining finger stick blood s and the specific protocols	15/07

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: EWCZ11

Facility ID: 09G194

If continuation sheet Page 11 of 19

DEPART	MENT OF HEALTH	AND HUMAN SERVICES			FURM A OMB NO. (	.PPROVED 0938-0391
TATEMENT	S FOR MEDICARE OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09 <b>G</b> 194	B. WING		06/15	/2007
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE 114 DIVISION AVENUE, NE		
TAVONNI	IVE			WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	/EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
W 331	1/7/07 237; 1/8/07 1/17/07 129; 1/18/07 1/17/07 129; 1/18/07 By contrast, the Jamornings with react For example: 1/5/07 1/12/07 90 and 1/17 Evening glucose low as 97 (on 1/28 high of 171 (on 1/8 Review of Client # and June 2007 blo findings. There we evening readings throughout the six It should be noted largely controlled 15 mg by mouth tw April 2007 Blood 5 mg by mouth tw April 2007 Blood 5 4/21/07, an AM redocumented having that morning. Rehowever, revealed of insulin for reading is 301-35 medication error for only time documents in sulin injection. It should be further indicated that nurprimary care physor above 400 mg/s written evidence to levels went outside period 1/1/07 - 6/	7 131 mg/dl; 1/6/07 152; 134; 1/10/07 127; 07 119; 1/19/07 131 and so on. lanuary 2007 chart showed six dings in the 82 - 98 range. 07 82 mg/dl; 1/9/07 92; 3/07 98). readings fluctuated between as /07 and 1/30/07) upwards to a 8/07). 2's February, March, April, May lood sugar logs revealed similar ere numerous morning and in the 130's, 140's and higher	W 33	Staff will be reminded not to client to eat before AM blo has been checked and LPN reminded of need to arrive earlier in the morning. PM be reminded to hold evening until LPN has the opportunity her evening blood glucose	od sugar will be at facility staff will g meal ity to check	7/30/07

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) PLAN OF	CORRECTION		B. WIN	۷G		06/15	/2007
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ME OF PF	OVIDER OR SUPPLIER	_ <del></del>		114	DIVISION AVENUE, NE		
				WA	SHINGTON, DC 20019		(X5)
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			 W	331			
W 331	Readings taken	dropped below 60 mg/di. on the mornings of 1/5/07 (82 2), 1/12/07 (90), 1/13/07 (98) and would suggest that her fasting					
	2. Facility nurse Client #2's Heal (HMCP). On Ju of Client #2's H 2006 and Marc "Finger sticks sand before bed nurses and rev following the m 13, 2007 had interviewed ag approximately stated that wh "never been the been <finger <finger="" be="" been="" same="" same<="" stated="" td="" that="" the="" who=""><td>th Management Care Plan and 14, 2007, at 4:08 PM, review MCP, signed/dated September 20, h 27, 2007, revealed the following: hould be done before each meal time." However, interviews with iew of her June 2007 POs nedication pass observation of June dicated that her finger sticks were ered twice daily. When ain on June 14, 2007, at 4:12 PM, the LPN Coordinator at was outlined in the HMCP had ne order the order has always sticks&gt; twice daily."</td><td>e</td><td></td><td>W331-2 RN will ensure that accuracy reflects the care needs of client PCP will provide of order for Client HMCP will be more reflect current fin blood sugar order W331-3</td><td>t #2. clarification #2. cdified to ager stick</td><td>7/30/07</td></finger>	th Management Care Plan and 14, 2007, at 4:08 PM, review MCP, signed/dated September 20, h 27, 2007, revealed the following: hould be done before each meal time." However, interviews with iew of her June 2007 POs nedication pass observation of June dicated that her finger sticks were ered twice daily. When ain on June 14, 2007, at 4:12 PM, the LPN Coordinator at was outlined in the HMCP had ne order the order has always sticks> twice daily."	e		W331-2 RN will ensure that accuracy reflects the care needs of client PCP will provide of order for Client HMCP will be more reflect current fin blood sugar order W331-3	t #2. clarification #2. cdified to ager stick	7/30/07
	self-medication 2006, failed to had assessed needs regard testing. Obs review revea finger sticks levels. On J with the LPN had not been not she coul acquire the independen	3, 2007, review of Client #2's on assessment, dated August 1, on show evidence that facility nursed the client's strengths/skills and ling blood glucose finger stick ervations, interviews and record led that nurses were performing twice daily to monitor blood glucos une 15, 2007, at 3:01 PM, interview assessed to determine whether of the perform the finger sticks herself, skills necessary to achieve greater ce in this routine, daily health of task. As noted above, the client	se W ient or , or		RN assessed client #2 ILS will ensure that as available and part of the Client #2 will be assed determine appropriate performing her own for blood sugar testing. It that client has the abself-checks, she will her finger sticks before	ssessment is the Clients ssed to eness of inger stick if it is determinable trained to p	$\mathbf{a}$
	not she coul acquire the independen maintenanc was observ	d perform the thiger stickers	her	 1	that alignt has the ab	ility to perform be trained to p	n erform

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Continued From papeers) before the representation indicate her breakfast varrived to administ 4. Cross-refer to obtain a Certificate the Clinical Labora Amendments of 1 administering fing blood sugar levels 5. Cross-refer to implement Client program as writted 6. Facility nurses Client #1's Health (HMCP). On Junof Client #1's Halth (HMCP). On Junof Client #1's HMC March 27, 2007, relient used any accompany accomp	age 13 nurse entered the facility that ed above, there was other icating that the client routinely with her peers before the nurse ter the finger stick.  W394. Nursing staff failed to e of Waiver as required under atory Improvement 988 Act (CLIA) before er stick testing of Client #2's et, twice daily.  W249. Nursing staff failed to #2's self-medication training n. failed to ensure accuracy of Management Care Plan e 13, 2007, at 3:42 PM, review CP, dated October 2006 and revealed no evidence that the daptive eating equipment. erviews and record review out #1 routinely used a plate and utensils with built-up	W	3331	W331-4 Certificate of waiver Applifor administering finger statesting has been completed forward to appropriate statestary for processing W331-5 Training on self-medication program for client # 2 will QMRP and LPN will prove	ick d and te agency n l be done.	6/27/07
habilitation record client's interdiscip and reviewed his needs and prefer 7. On June 14, 2 review of Client # records failed to	ds revealed no evidence that the blinary team had fully assessed adaptive eating equipment ences. [See W159.1]  2007, at approximately 11:42 AM, the show evidence of a current			completed on 10/11/06 as	sessment	10/11/07
	ROVIDER OR SUPPLIER  SUMMARY ST.  (EACH DEFICIENCE REGULATORY OR IT  Continued From particles of the regulatory of the result of the result of the result of the clinical Labora Amendments of the administering fing blood sugar levels of the clinical Labora Amendments of the clin	F CORRECTION IDENTIFICATION NUMBER:  09G194  ROVIDER OR SUPPLIER	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 13 peers) before the nurse entered the facility that morning. Also noted above, there was other documentation indicating that the client routinely ate her breakfast with her peers before the nurse arrived to administer the finger stick.  4. Cross-refer to W394. Nursing staff failed to obtain a Certificate of Waiver as required under the Clinical Laboratory Improvement Amendments of 1988 Act (CLIA) before administering finger stick testing of Client #2's blood sugar levels, twice daily.  5. Cross-refer to W249. Nursing staff failed to implement Client #2's self-medication training program as written.  6. Facility nurses failed to ensure accuracy of Client #1's Health Management Care Plan (HMCP). On June 13, 2007, at 3:42 PM, review of Client #1's Health Management Care Plan (HMCP). On June 13, 2007, at 3:42 PM, review of Client #1's Health Management Care Plan (HMCP). The program as written.  6. Facility nurses failed to ensure accuracy of Client #1's Health Management Care Plan (HMCP). On June 13, 2007, at 3:42 PM, review of Client #1's Health Management Care Plan (HMCP) adaptive eating equipment. Observations, interviews and record review revealed that Client #1 routinely used a high-sided scoop plate and utensils with built-up handles while eating in the facility.  It should be noted that Client #1's health and habilitation records revealed no evidence that the client's interdisciplinary team had fully assessed and reviewed his adaptive eating equipment needs and preferences. [See W159.1]  7. On June 14, 2007, at approximately 11:42 AM, review of Client #1's health and habilitation records failed to show evidence of a current Annual Nursing Assessment. There were 2nd	SEFOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES F CORRECTION  (X1) PROVIDER/SUPPLIER CLIA IDENTIFICATION NUMBER:  09G194  ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 13 peers) before the nurse entered the facility that morning. Also noted above, there was other documentation indicating that the client routinely ate her breakfast with her peers before the nurse arrived to administer the finger stick.  4. Cross-refer to W394. Nursing staff failed to obtain a Certificate of Waiver as required under the Clinical Laboratory Improvement Amendments of 1988 Act (CLIA) before administering finger stick testing of Client #2's blood sugar levels, twice daily.  5. Cross-refer to W249. Nursing staff failed to implement Client #2's self-medication training program as written.  6. Facility nurses failed to ensure accuracy of Client #1's Health Management Care Plan (HMCP). On June 13, 2007, at 3:42 PM, review of Client #1's Health Management Care Plan (HMCP). On June 13, 2007, at 3:42 PM, review of Client was any adaptive eating equipment. Observations, interviews and record review revealed that Client #1 routinely used a high-sided scoop plate and utensils with built-up handles while eating in the facility.  It should be noted that Client #1's health and habilitation records revealed no evidence that the client's interdisciplinary team had fully assessed and reviewed his adaptive eating equipment needs and preferences. [See W159.1]  7. On June 14, 2007, at approximately 11:42 AM, review of Client #1's health and habilitation records failed to show evidence of a current Annual Nursing Assessment. There were 2nd	REPORTECTION    (X1) PROVIDER/SUPPLIER/CLIAN NUMBER: 096194   (X2) MULTIPLE CONSTRUCTION   (X2) MULTIPL	SECR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES OF DEFICIENCY  SUMMARY STATEMENT OF DEFICIENCIES (EACH OPENCIENCY MUST BE PRECEDED BY FULL REGULATORY ON LSC IDENTIFY-MIS REGRAMATION)  Continued From page 13 Deers) before the nurse entered the facility that morning. Also noted above, there was other documentation indicating that the client routinely ate her breakfast with her peers before the nurse administer the finger stick.  4. Cross-refer to W394. Nursing staff failed to obtain a Certificate of Waiver as required under the Clinical Laboratory Improvement Amendments of 1988 Act (CLIA) before administering finger stick testing of Client #2's blood sugar levels, twice daily.  5. Cross refer to W249. Nursing staff failed to implement Client #2's self-medication training program as written.  6. Facility nurses failed to ensure accuracy of Client #1's HMCP, dated October 2006 and March 27, 2007, revealed no evidence that the client set any adaptive cating equipment. Observations, interviews and record review revealed that Client #1's health and habilitation records revealed no evidence that the client set any adaptive adaing equipment. Observations, interviews and record review revealed that Client #1's health and habilitation records revealed no evidence that the client set any adaptive adaing equipment needs and preferences. [See W159.1]  7. On June 14, 2007, at approximately 11:42 AM, review of Client #1's health and habilitation records failed to show evidence of a current Annual Nursing Assessment. There were 2nd

DEPART	MENT OF HEALTH	AND HUMAN SERVICES		FORM APPROVED OMB NO. 0938-0391			
STATEMENT C	S FOR MEDICARE  OF DEFICIENCIES  CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SUR COMPLETI		
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W 331	Continued From particles and 7/31/06 respected (IDT) met on plan; however, the nursing assessme record. At 12:19 whatever nursing made available to meeting. No additional available prior to the 6:00 PM on June  8. Nursing staff farexpressed complaymedications. Clies medications. Clies medications on June 7:00 PM (at which the facility for the AM the next morn revealed that he revening "except for he didn't like the the Coordinator information taken his medications. Interviewelled that the specified) had constipation. He evening, dissolve oz. The client rewould drink it if the interview, however had not approach the gastro-intestice.	age 14 ctively. His interdisciplinary 10/11/06 to update his annual re was no corresponding nt in the record. A 1st quarter nt, dated 4/7/07, was in the PM, the QMRP agreed to seek assessment might have been the IDT for their 10/11/06 ISP tional information was made he conclusion of the survey at 15, 2007.  ailed to address Client #1's aints about the flavor of his nt #1 was observed refusing his une 13, 2007, between 6:00 PM ch time this surveyor departed night). At approximately 8:00 hing, interview with the client had taken his medications last or the powdered one." He said taste. At 10:43 AM, the LPN med this surveyor that he had tions at 7:15 PM the previous w with the LPN Coordinator client previously (date/s not mplained about the flavor of the that was prescribed to prevent received 4 packets every ad in 4 glasses, totaling 32 fluid portedly had told the nurse he hey put sugar in it. Further er, revealed that the nursing staff hed the primary care physician of nal specialist for	W 331	W331-8 Nursing staff will explore a document Client #1 comple of medication RN will co with pharmacist to determithere is anything that can be to Glycolax to improve the ILS will also discuss alternation with PCP and o	ain onsult ine if oe added e flavor. natives in	ologist.   7/15/07	
W 394	recommendation medication to ma	is on how they might flavor the lake it more palatable to the client BORATORY SERVICES	. W 39	4			

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ENTER:	S FOR MEDICARE	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	(X2) MI	ULTI	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
TEMENT ( D PLAN OF	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	A. BUII	LDIN	IG	06/15/2007	
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ME OF PR	OVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 114 DIVISION AVENUE, NE		
TAVON	IVE				WASHINGTON, DC 20019	STIÓN	(X5)
(X4) ID PREFIX TAG	ALL DEDOUBLE	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPORT DEFICIENCY)	JULU BE	COMPLETION DATE
141 004	O-risund From n	age 15	W	394	4		
W 394	testing to another laboratory must b	age. 13 nooses to refer specimens for laboratory, the referral e certified in the appropriate abspecialties of service in the requirements of part 493 of				·	
	Based on observereview, the facility Waiver as required Improvement Ambefore administeres and a sugar diverse le	is not met as evidenced by: ation, interview and record y failed to obtain a Certificate of ed under the Clinical Laboratory nendments of 1988 Act (CLIA) ring finger stick tests for blood vels, for the one of six clients cility receiving routine finger			W394 See W331 #4		
	nurse administe took a reading of She indicated the twice daily. This through review of Medication Admorders. At 5:04 observed asking her finger stick.  On June 15, 20 facility s LPN C facility had obtained under Improvement A She telephoned approximately.	o7, at 7:38 AM, the medication red a finger stick to Client #2 and fher blood glucose (163 mg/dl). at finger sticks were performed was confirmed at 9:03 AM of the client's June 2007 inistration Record and Physician PM, the evening nurse was g Client #2 to come with her for	e e		W394 See W331 #4		

FORM APPROVED

OMB NO. 0938-0391

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES		· 		OMB NO	APPROVE . 0938-039
ΔΤΕΜΕΝ"	RS FOR MEDICARE T OF DEFICIENCIES DEFICIENCIES	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU		E CONSTRUCTION	(X3) DATE S COMPL	
<i></i>		09G194	B. WIN		· · · · · · · · · · · · · · · · · · ·	06/1	5/2007
AME OF F	PROVIDER OR SUPPLIER		-1	STRE	ET ADDRESS, CITY, STATE, ZIP CO DIVISION AVENUE, NE	DDÉ	
AVONA	TIVE		1	W	ASHINGTON, DC 20019		
(X4) ID PREFIX TAG	CONTRACTOR DESIGNATIONS	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	1 SHOULD BE	COMPLETION DATE
W 394	directed to W394 a address" to the loc website pertaining Registered Nurse overseeing nursin facility. She informand Drug Adminis a certificate. It was facility was not recurrent writing. She too we provided "internet federal CMS web 483.470(g)(2) SP  The facility must and teach clients choices about the hearing and other devices.	and then provided "internet cation on the federal CMS to CLIA. At 5:18 PM, the consultant responsible for g services telephoned the ned the surveyor that the Food tration had waived the need for its her understanding that the quired to obtain anything in vas directed to W394 and address" to the location on the site pertaining to CLIA. ACE AND EQUIPMENT furnish, maintain in good repair, to use and to make informed to use of dentures, eyeglasses, r communications aids, braces,	W	436			
	Based on observe review, the facility were provided we adaptive equipment gait belts, for two sample. (Clients The findings included the context of the cont				W436-1 See W159		

DEPART	MENT OF HEALTH	AND HUMAN SERVICES					. 0938-0391
		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) N	IULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
STATEMENT AND PLAN OF	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	A. BU			COMPLETED	
		09G194	B. WII	NG		06/1	5/2007
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE 114 DIVISION AVENUE, NE	,	
INNOVAT	IVE				WASHINGTON, DC 20019	·	<u> </u>
(X4) ID PREFIX TAG	ACT DEDCIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF	ID PROVIDER'S PLAN OF COPPREFIX (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		OULD BE	(X5) COMPLETION DATE
W 436	Continued From participation of the back with approximately 6: person was walk held the client's lin the back with approximately 6: person was walk held the client's lin the gait belt.  Interviews with the could use of the could use it if the could be used to c	age 17 me, followed by a review of revealed no evidence of a approach to address the client's ruipment needs and  W194. Client #3 was observed nes to walk in her residence. Asical assistance, to varying up and while walking. The abeen prescribed a gait belt for easure while ambulating. The easure while ambulating. The easure while ambulating of the gait belt, as evidenced on Professional (QMRP) walked holding a gait belt. Later that Client #3 walked into the living however, the client was not belt. A direct support staffing behind her. The staff person ower shirt and upper waist band one hand. Later that day, at 26 PM, a direct support staffing the client's right side, the armpit. The client was without the QMRP on June 13, 2007 and 7 revealed that she (the QMRP) and the gait belt was optional; staffing the exercise program and the exercise program and		436			
	could be used di	uring the exercise program and rough the facility, dependent on					

the staff person's comfort level.

FORM APPROVED

DEFAITMENT OF THE MEN	R MEDICAID SERVICES		<u></u>	OMB NO. 0938-0391	
CENTERS FOR MEDICARE	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLE	-120
	09G194	B. WING			5/2007
NAME OF PROVIDER OR SUPPLIER		STRE	EET ADDRESS, CITY, STATE, ZIP CODI 4 DIVISION AVENUE, NE	Ē '	
INNOVATIVE		W.	ASHINGTON, DC 20019	. <u>.</u>	(X5)
(CACH DEGICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(FACH CORRECTIVE ACTION S	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE DEFICIENCY)	
W 436 Continued From p	age 18	W 436			
revealed that the for fall prevention documented having gait belt. In additional decided to use contained at her trunk and processed ambulation and trunk and processed fall prevention and during mobility consistently implemented the client of the gait belt and the contained by the PT on 5/3	of Client #3's PT records client should wear the gait belt. On May 31, 2007, the PT and trained staff on the use of the on, "it was discussed and intact guard assistance during ansfers providing assistance belvis the gait belt is a ure." The PT recommended use is a safety measure to assist with ind "use contact guard assistance Facility staff did not, however, ement the use of the gait belt to is safety.  If that of the 12 direct support is weekly schedule, only 3 of them and in-service training provided 1/07. The QMRP also that she had not attended the		W436-2 See W194		

FUKM APPROVED OMB NO. 0938-0391

RECEINFED: 06/21/2007
BEPARTMENT OF WEALTH OVED
HEALTH REGULATION

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

INNOVATIVE

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

ADMINISTRATION NEVEY COMPLETED

09G194

B. WING \_

7007 JUL -9 P 4:47

06/15/2007

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

114 DIVISION AVENUE, NE WASHINGTON, DC 20019

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 000	INITIAL COMMENTS	1 000	•	e
	A licensure survey was conducted from June 2007 through June 15, 2007. A random sam of three residents was selected from a reside population of four women and two men with various degrees of disabilities.	npie ent		
	The findings of this survey were based on observations at the group home and one day program, interviews with residential and day program staff and residents, as well as the rof clinical and administrative records, includincident reports.	eyiew	1082 a The cup holder in the bathroom located nearest	
I 082	3503.10 BEDROOMS AND BATHROOMS  Each bathroom that is used by residents sha equipped with toilet tissue, a paper towel an dispenser, soap for hand washing, a mirror adequate lighting.	q cnb [	#2 bathroom has been refill with paper cups and there is cup dispenser is now. Staff will ensure that the cup holder has paper cups at all time and also Staff will make sure that there is a cup dispenser in the	
	This Statute is not met as evidenced by: On June 15, 2007, at 5:44 PM, the following observations were made in the bathrooms located on the main floor:  a. There were no paper cups and no paper dispenser in the bathroom located nearest Resident #2's bedroom		bathroom at all time.  1082 b The cup holder in the bathroom nearest to the living room has been refill with paper cups. Staff will ensure that the cup holder	6/27/(
	b. There were no paper cups in the cup ho the bathroom nearest to the living room.	older in	has paper cups at all time.	6/27/
I 206	3509.6 PERSONNEL POLICIES  Each employee, prior to employment and annually thereafter, shall provide a physicia	1206 an's	ILS will put a QA system in place to ensure that direct care staff, nurses, Physiologist and behavior specialist file are updated accordingly	
l .	certification that a health inventory has bee performed and that the employee 's health	en (	- <b>r</b>	7/30/0

Health Regulation Administration

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Health Regu	ulation Administra	ation		<del></del>		(X3) DATE SURV		
	DEFICIENCIES	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	:R/CLIA MBER:	A. BUILDING	E CONSTRUCTION	COMPLETE	D.	
		09G194		I		06/15/2	2007	
	VIDER OR SUPPLIER		114 DIVISIO	ON AVENUE	ATE, ZIP CODE , <b>NE</b>			
INNOVATIV	E		WASHING	ON, DC 200	PROVIDER'S PLAN OF CORR	ECTION	(X5)	
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1 000 1	NITIAL COMMEN	ITS		1 000				
2 0 p v	007 through June of three residents opulation of four rarious degrees of the findings of the program, interview or or a staff and the program staff and th	was conducted from a 15, 2007. A randor was selected from a women and two ments of disabilities. It is survey were based as group home and ows with residential art residents, as well a ministrative records,	resident in with d on one day nd day s the review					
	Each bathroom to	OMS AND BATHRO hat is used by reside let tissue, a paper to for hand washing, a	nts shall be wel and cup	1 082	The cup holder in the bathroom located neares resident #2 bathroom h refill with paper cups. and Facility Manager w	as been QMRP		
	On June 15, 200	not met as evidenced 17, at 5:44 PM, the force re made in the bathronain floor:	Mowina		bathroom daily to ensur cup holder has paper cu		06/26	
	a. There were r dispenser in the Resident #2's be	no paper cups and no bathroom located no edroom	paper cup earest					
	b. There were r the bathroom no	no paper cups in the earest to the living ro	cup holder ir om.	1	1206			
1 206	1	NNEL POLICIES		1 206	ILS will put a QA system place to ensure that direct places and Physiologist and	ct care staff,		
	annually therea	, prior to employmer fter, shall provide a r t a health inventory h that the employee's	nas been	ıs	nurses, Physiologist and behavior specialist file are updated accordingly		7/30	

Health Regulation Administration

TITLE

(X6) DATE

	( (*					FURIVI	APPKUVED
AND PLAN OF CORRECTION IDE		(X1) PROVIDER/SUPPLI	I) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		URVEY ETED 5/2007
	a vest on curry les	<u> </u>	STREET ADD	RESS, CITY, ST	FATE, ZIP CODE		
INNOVAT	ROVIDER OR SUPPLIEF IVE		114 DIVISI	ON AVENUE TON, DC 20	E, NE		
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l 227	Continued From for 5 of the 12 dir	ect support staff ( <b>=</b> ,	<b>a</b> , <b>a</b> ,	1 227	1227 The current fi aid for at the stand and are attached	rst <b>T</b>	
I 230	35 <sub>1</sub> 0.5(g) STAFF	TRAINING		1230			
	Each training pro limited to, the fol	gram shall include, b lowing:	ut not be				
	(g) Habilitation p	lanning and implemer	ntation;				
	This Statute is r See Federal Def	ot met as evidenced īciency Report - Citat	by: ion W194		-		
1 274	3513.1(e) ADMII	NISTRATIVE RECOF	RDS	1274			
	Each GHMRP s agency 's inspe administrative re	hall maintain for each ction, at any time, the ecords:	authorized following				
	(e) Signed agree professional ser	ements or contracts fo vices;	or				
	Review of the G	not met as evidenced HMRP's personnel fil ning at 4:50 PM, reve n nurse consultants h	les on June aled that the				

partial written agreements with the GHMRP. These agreements were general in nature and did not outline the nurses' duties. The written agreements for all other health care professionals included a second part, Attachment A, that outlined in detail the "services to be provided by the consultant." There was no Attachment A that described the duties of a medication nurse.

On June 20, 2007, at 1:00 PM, a written

agreement for one of the medications nurses was received via facsimile. Review of the Attachment A, however, revealed that it was applicable to

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Health Regulation Administration  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER OPG194		:R/CLIA MBER:	A. BUILDING	E CONSTRUCTION	(X3) DATE S COMPLI		
NAME OF P	ROVIDER OR SUPPLIER	U9G194	114 DIVIS	DRESS, CITY, ST ION AVENUE STON, DC 200	, NE		
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1 379	someone in a super telephone convers that the Attachmer Coordinator position. There was no evid been established consultants employ 3519.10 EMERGE In addition to the reach GHMRP shatmusual incident of interferes with a marrangement, well places the reside be made by telep followed up by writing that the sound in telephone in the reside of the reside	ervisory position. A 1 sation with the QMRP of A was for the LPN on, not a med nurse. Hence that an Attachr for the three medicat byed by the facility.	ment A had ionnurse t in 3519.5, ent of y other antially large, living or way cation shall d shall be in	·	1274 ILS will ensure that detail attachment of be provided by commedication as part o contractures general	service to tractures of their	7/30/07

This Statute is not met as evidenced by: Review of incident reports revealed 3 significant incidents that were not reported to the Department of Health, as follows:

- 1. An incident report dated 3/17/07 indicated that Resident #1 was taken to an emergency room (ER) after complaining that his stomach hurt and he vomited. Note: A 3/18/07 return to the ER for identical symptoms was reported in accordance with regulations.
- An incident report dated 10/16/06 indicated that staff discovered a burn mark on Resident #2's arm. The resident reported having burned herself while using an iron a few days earlier.

Health Regulation Administration

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STATEMENT	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G194		MBER;	A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/15/2007	
NAME OF PI	ROVIDER OR SUPPLIER	332.	114 DIVIS	RESS, CITY, ST ION AVENUE TON, DC 20	019		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
1 379	Resident #4 was rescheduled surgical observed urine lead surgical wound are return him to the horeplaced and here as 3520.5 PROFESS PROVISIONS  Each professional participate on each	ort dated 9/16/06 ind eturning home from a large procedure when stacking from a catheter ea. Staff were instructionspital. The cathete eturned home the said SION SERVICES: GET I service provider shack resident's interdisate to the resident's	aff onto the cted to r was me day. ENERAL	1 403	The Agency's incident Management policy and procedure will be revised The agency will ensure the all incidents are reported to the IMC and DOH within 24hours and all investigate and completed with 5 wor QA system will be institut all incidents will be review at the management meetin	ons king day. e whereby v monthly	06/26/07
	There was no evinthe participation of the interdisciplination and reviewing Repuir ment needs	ot met as evidenced lidence that the GHMi of the Occupational Tary team process, in pesident #1's adaptives and preferences. iciency Report - Citati	RP ensured Therapist in planning eating		In the future QMRP will ensure that OT participates in inter disciplinary team prin planning and reviewing	process	06/26/03

Health Regulation Administration STATE FORM

W159.1.c/d

**PROVISIONS** 

quarter.

1407 3520.9 PROFESSION SERVICES: GENERAL

This Statute is not met as evidenced by: On June 14, 2007, at approximately 11:42 AM, review of Resident #1's health and habilitation records failed to show evidence of a current Annual Nursing Assessment. There were 2nd

Each GHMRP shall obtain from each professional service provider a written report at least quarterly for services provided during the preceding

06/26/07

1407

						FORM	APPROVED		
AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 06/15/2007			
		09G194	STREET ADD	RESS CITY, ST	ATE, ZIP CODE	<u></u>	<del></del>		
NAME OF PROVIDER OR SUPPLIER  INNOVATIVE			STREET ADDRESS, CITY, STATE, ZIP CODE  114 DIVISION AVENUE, NE WASHINGTON, DC 20019						
(X4) ID PREFIX TAG	SUMMARY ST. (EACH DEFICIENC REGULATORY OR	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE			
1 407	Continued From page 5			1 407		•			
	and 3rd quarter nu and 7/31/06 respeteam (IDT) met or plan; however, the nursing assessment record. At 12:19 whatever nursing made available to meeting. No additional available prior to 16:00 PM on June	ursing reviews, dated actively. His interdiscing 10/11/06 to update learn was no correspondent in the record. A 1-lent, dated 4/7/07, was PM, the QMRP agreed assessment might have the IDT for their 10/1/1/10/10/10/10/10/10/10/10/10/10/10/	plinary his annual ding st quarter in the ed to seek ave been 1/06 ISP s made survey at	1420	1407 See W331-7				
1 420	Each GHMRP sh training to its resi- and maintain thos more effectively v environments and of physical, ment	all provide habilitation dents to enable them se life skills needed to with the demands of the document and social function of the second seco	n and to acquire o cope heir mum levels ing.						
	On June 13, 200 self-medication a 2006, failed to sh had assessed the needs regarding testing. Observareview revealed finger sticks twic levels. On June with the LPN Control self-medication of the self-medi	ot met as evidenced 7, review of Resident assessment, dated At now evidence that face resident's strengths blood glucose finger ations, interviews and that nurses were perfect daily to monitor bloof 15, 2007, at 3:01 PM ordinator confirmed to been assessed to desease assessed to desease seed to deseas	#2's ugust 1, ility nurses s/skills and stick record forming od glucose i, interview that the						

Health Regulation Administration

whether or not she could perform the finger sticks herself, or acquire the skills necessary to achieve greater independence in this routine, daily health maintenance task.

It should be noted that the resident was observed

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Health Regulation Administra STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		ation  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		COMPLE	(X3) DATE SURVEY COMPLETED 06/15/2007	
09G194			STREET ADD	_	TATE, ZIP CODE	00/10/2001		
NAME OF PROVIDER OR SUPPLIER  INNOVATIVE			114 DIVISION AVENUE, NE WASHINGTON, DC 20019					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLET DATE			
1 420				1 420	W1420 Refer to W331-3			
1 42	2 3521.3 HABILIT	ATION AND TRAININ	n, training	1 422	W1422 Refer to W159, W249,			

and assistance to residents in accordance with the resident 's Individual Habilitation Plan. This Statute is not met as evidenced by:

Based on observation, interview and record review, the GHMRP failed to provide treatment and services in accordance with two of the three sampled residents' Individual Habilitation Plans. (Residents #2 and #6)

The findings include:

See Federal Deficiency Report - Citations W159, W249, W331 and W436

W331 and W436.